POLITICAL COMMITTEE

CITY OF APACHE JUNCTION

CAMPAIGN FINANCE REPORT

2016 August/November Regular Election

CITY CLERK DEPT.

2016 AUG 22 PM 3:51

2.	Full Name of Committee Test Struble Soverly Council Address 953 5 Wainer City Carly County P Ache Sur	hone 3A. ID#	-1-11	ICTION
4. F	REPORTING PERIOD (Please check appropriate box)		DUE BETWEEN	3
	January 31 Report - For Period of June 11,2013. thru December 31, 2015		January 1, 2016 and February	1, 2016
	June 30 Report - For Period of January 1, 2016 thru May 31, 2016		June 1, 2016 and June	30, 2016
Ę	Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 201	6	August 19, 2016 and August 2	26, 2016
	Post-Primary Election Report - For Period of August 19, 2016 thru Septembe	r 19, 2016 Se	ptember 20, 2016 and September 2	9, 2016
	Pre-General Election Report - For Period of September 20, 2016 thru October	r 27, 2016	. October 28, 2016 and November	4, 2016
	Post-General Election Report - For Period of October 28, 2016 thru November **January 31, Report - For Period of November 29, 2016 thru December 31, 2017			
5.	SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date	
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	1137 11. 11. 11. 11.	14996	9.49
5b	Cash on Hand at the Beginning of this Reporting Period	155.39		
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	2529.21	2729.21	
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2684.60	2793.65	
6 a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]			
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	2684.60	2793.65	r
7.	Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	0	0	

^{*}Insert date which is 21 days after date of last election (A.R.S. §16-913).

**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

1. Committee Name: Test Stryle For Chy Council

3. Report covering period from 61-16 Thru 8-18-16

Page 2

COM-1-11

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)	2579.21	27 29 21
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) Total Logis [add 5(a) and 5(b)] 10. In-kid-contributions (Total from Schedule E) 11. Dividends, interest, and other forms of receipts (Total from Schedule F-1) 12. Total Receipts [add 4(f), 5(c), 6, and 7] 13. Up		
In-kind contributions (Total from Schedule E)		
Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
Total Receipte [add 4(f), 5(c), 6, and 7]	2529.21	2729.21
ACCET FEET		
DISBURSEMENTS		
DISBURSEMENTS A OF A B OF A		
9. Expenditures for operating expenses (Total from Schedule D)	264,60	2993,6
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)	·	
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. Total disbursements (subtract line 17 from line 16)	2684,60	2793.6
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	3104-50	2333
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the complete.	e best of my knowledge and	belief it is true and
Type or Print Name of Treasurer		
	8-21-16	
Signature of Treasurer or Cardinale Considerating Individual Date		

CONTRIBUTIONS more than \$50 - from INDIVIDUALS*

SCHEDULE A

2.10# COM-1-11

1. Committee Name Test 5	hable Severy	Cum
3. Report covering period from	6-1-16	thru &-16-16

T_	CONTRIBUTE	ONE	T 2/==		T
*	NAME, ADDRESS, OCCUPATION AND EMPLOYER		DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
4a.	LAST FIRST	MI		PERIOD	TO DATE
	Stryle TEST STREET ADDRESS 953 S Warner Of Bruche Tuncton STATE	- 8512C	6-1-16 to 8-18-16	2529.21	2529.21
	Self Employed	EMPLOYER Sel 8		2721:01	
b.	LAST Fillmore John	MI			
	STREET ADDRESS 1930 & Tonto		51216	2000	7.000
	Anache Tunchan Me	3 EMPLOYER , C		· ·	<u> </u>
	Self Employed	1 5e(8	Ì		j
C.	LAST FIRST	MI			
	STREET ADDRESS				
	CITY STATE	ZIP			·
	OCCUPATION	EMPLOYER			
d.	LAST FIRST	М			
	STREET ADDRESS				
}	CITY STATE	ZIP			
f	OCCUPATION	EMPLOYER			
e.	LAST FIRST	MI		-	
	STREET ADDRESS				
	CITY STATE	ZIP			
		BHOARA 90 YTH			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHED	transfer Yotal to Detailed	2	2529.21	2729.21

CONTRIBUTIONS of \$50 or less - AGGREGATE TOTAL*

SCHEDULE A-1

	2.10# CCM-1-1/
1. Committee Name Jest Strull & For Coly Cornel	
3. Report covering period from 612	8-16

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

^{*}If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

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CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#	
com-1-1/	

1. Committee Name Te St-Str	Ult for City Cou	incil
Report covering period from	6-1-16	thru_ 8-18-16

4	CONTRIBUTIONS		AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	IDENTITY OF CONTRIBUTOR AND DATE RECEIVED		THIS PERIOD	CAMPAIGN TO DATE
. 4a	ID#	ID# NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
-	DATE RECEIVED			
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		:
	DATE RECEIVED			
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			•
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		-
	DATE RECEIVED			
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED	MOITONUL BHOA9A 40 YTIL		
5.	ENTER TOTAL ONLY IF L	AST PAGE OF SCHEDULE BLILD III land Page Place Between B, transfer total to ine 4(c), Column A]		0
		CILA CFEKK DEb.T. <u>BECEINED</u>		-

	CANDIDATE LOANS		SCHEDULE C		
1.	Test Strible for Cy Council		2. ID# COM-1-11		
3.	. Report covering period fromthru				
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
	DESCRIPTION				
b.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
C.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
d.	NAME, ADDRESS, CITY, STATE, AND ZIP	<u> </u>			
	DESCRIPTION				
е.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
f.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION NO. 1				
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAG [If last page of Schedule C, transfer total o Detailed Summary Page, Line 5(a), Co	E OF SCHEDULE C	0	0	

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

2.10# CCM-1-11

EXPENDITURES DATE EXPENDITURE AMOUNT OF THE EXPENDITURE MADE NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE Pinal County 3/31/14 1989 324,15 drismon 101.46 63-16 NAME, ADDRESS, CITY 7/18/16 ES179 100.00 aintenance 7/25/16 2089,10 NAME, ADDRESS, CITY, STATE AND ZIF DESCRIPTION OF ITEMS OR SERVICES PURCHASED 2684 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

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2.1D# COM-1-11

1.	Committee Name TESS	Struble for	- Coly	Council _	
3.	Report covering period from	6-1-16	thru	8-18-16	
					

4	ALL OTHER LOANS	DATE		CUMULATIVE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
				* 1
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	·		
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LDAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
}	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C.1. III lest pege or Schedule 10. In page, Line 5(a), Column A)	Detailed Summery	0	0

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INDEPENDENT EXPENDITURES*

SCHEDULE D-1

	1. Committee Name Test Strille for Fest Strille Strille for thru 8 18 INDEPENDENT EXPENDITURES	com-	1-11
	1. Committee Name TEST Strile For THEST	ن.	
	3. Report covering period from <u>(9-1-16</u> thru <u>9-18</u>	76	·
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	1000	EXI ENDITORIE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHAS		
4 b.	NAME, ADDRESS, CITY, STATE AND ZIP		
į	PURPOSE AND DESCRIPTION OF PURCHAS Benefitted Opposed		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
l			
		}	
	PURPOSE AND DESCRIPTION OF PURCHASE lenefitted Dpposed		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
		C-1, 4)	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10,	Column Aj	
*SE	E A.R.S. § 16-901(14).		
certify	y, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, o	consultation or con	cert with or at the
eques	it or suggestion of any candidate or any eampaign committee or agent of that candidate.		
ignatu	re of Tyeas first fifty		
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS W.	THIN THE LAST	AMOUNT
	ALTY OF APACHE JUNCTION		

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Schedule D-1 Page___of ___

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

2. 1D#	
(CM-1-1)	1
1001111	

	1. Committee Name TEST STYME SOY CVIY COUNCIL 3. Report covering period from 6-1-16 thru 8-18		
	3. Report covering period from 6-1-16 thru 8-18	76	
4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
<u> </u>			
4c.	NAME; ADDRESS, CITY, STATE, ZIP, AND ID#	•	
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		į
41.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
<u> </u>			
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		:
4h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		

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5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]

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CITY CLERK DEPT.

Schedule D-3 Page___of ___

1. Committee Name	2.10# COM	-1-1
3. Report covering period from thru &	216	
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	REFUND	OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUN
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
IAME, ADDRESS, CITY, STATE, AND ZIP		
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ME, ADDRESS, CITY, STATE, AND ZIP		
SCRIPTION OF REFUND		
TER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (If last page of Schedule D-3, [transfer total to Detailed Summary Page Line 1]	7 Column A]	
ludes return of contributions made by reporting committee NOLLION 11人 0上 VBVCHE 70MCLION		

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REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

TEST Struble for Coly Council

ind from 6-1-16 thru 8-18-16 3. Report covering period from _ REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE DATE AMOUNT OF REPAYMENT THE MADE REPAYMENT NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, AND ZIP ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]

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CITY CLERK DEPT.

Schedule D-4 Page___of ___

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

		com-1-11
1. Committee Name TESF 3. Report covering period from	Struble for Cay Cour	reil 8-18-16

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			*
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			·
41.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			4. 4.
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		0

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CITY CLERK DEPT.

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

		CON	1-1-11
	1. Committee Name Test Strule For Coly Council 3. Report covering period from La 1-16 thru TRANSFERS MADE BY THE REPORTING COMMITTEE	2-18-16	
	3. Report covering period from thru	, , , , ,	
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS. CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]

SITY OF APACHE JUNCTION

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ANY OTHER DISBURSEMENT

SCHEDULE D-7

		COVII-	-1-1/
	1. Committee Name Test Strille For Coly Council 3. Report covering period from 6 1-16 thru 8)	
	3. Report covering period from 6 1-16 thru 8	-18-16	
4.	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE DISBURSEMENT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
		. •	
	DESCRIPTION		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ľ	DESCRIPTION		

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JULY OF APACHE JUNCTION

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

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IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

		The For Chy Counce 6-1-16 thru E NS and EXPENDITURES	2. 1D#	-1-11
	1. Committee Name	rble For Coly Counc	1	
	Report covering period from	6-1-16 thru &	18-16	
4	IN-KIND CONTRIBUTIO	NS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDUAL	(OR NAME, ADDRESS AND ID# OF THE OM RECEIVED OR TO WHOM GIVEN		
48.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4 b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION	· · · · · · · · · · · · · · · · · · ·		
	OCCUPATION	EMPLOYER		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION	·		
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAG Line 6, Column A)	SE OF SCHEDULE E [If last page of Schedule E, transfer total to De	tailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAG Line 11, Column A)	E OF SCHEDULE E [If last page of Schedule E, transfer total to De	tailed Summary Page	

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2. ID#	
com	-1-11

1. Committee Name Teff Struhl	for Coly Come	.1
3. Report covering period from	2-1-16 thru &	-18-16

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE	
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		RECEIPT	
48.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	·-·		
	DESCRIPTION OF RECEIPT			
4 b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT	į		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT		·	
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	· .		
-	DESCRIPTION OF RECEIPT			
41.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
	DESCRIPTION OF RECEIPT		1	

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A

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CILA CLERK DEPT. RECEIVED Page of

		2.1D# CCM-1-11	
	1. Committee Name TEST ST SUNT Sur CAY Council 3. Report covering period from 6-1-6 thru 8-13	8-18	
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, AODRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		- · · · · · · · · · · · · · · · · · · ·
		•	
	DESCRIPTION OF REFUND		
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		<u> </u>
	DESCRIPTION OF REFUND		
4 c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
:	DESCRIPTION OF REFUND		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
10	TARIE, NOOKEGO, OTT I, OTNIC, ET NIGOTOW		
	DESCRIPTION OF REFUND		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	:	•

Includes return of contributions received by reporting committee SS SUA 3163

CILA CLERK DEPT. RECEIVED

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